FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of state
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400001227 (7)

SPORTECH SERVICES INC.

Principal Place of Business Mailing Address				4 IABOLITON DIED KARKI BURKI BURKI BURKI BURKI BURKI DEHAK ITUER KIRIND IYEK ITARI DEAK	
2041 NE 173R N MIAMI BEAG		2041 NE 173RD STREET N MIAMI BEACH FL 33162			
					3. Date Incorporated or Qualified 03/11/1994 3a. Date of Last Report 05/01/1995
· · · · ·	ace of Business	2a. Mailing Address			4. FEI Number 65 - 066 - APPLIED FOR 9994 Not Applied For Not Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			Hot Applicable
22	,, 0.0.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State)	City & State			6. Election Campaign Financing \$5.00 May Re
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Curren		30		Florida Statutes Yes No
	9. Name and Address of Curren	r registered Agent	8-	Name	10. Name and Address of New Registered Agent
RORINGE	IUCK, CHARLES R				
	173RD STREET		82	Street	t Address (P.O. Box Number is Not Acceptable)
	BEACH FL 33162		8:	3	
_			_		
			84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	named co	corporation submits this statement for the purpose of changing its registered office
familiar wi	ed agent, or both, in the State of Florid In and accept the obligations of Section	aa. Such change was authorized ion 617.0003, Florida Statutes.	by the cor	poration's	s board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	Charles R. Bounds	uell			4/28-76
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Ag	ent signature r	required when reinstating DATE ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICENS AND	DELETE	1.1 TIFLE		Change Addition
NAME	BOBINCHUCK, CHARLES R.		1.2 NAME		
STREET ADDRESS	2041 N.E. 173RD STREET			T ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		1 4 CITY - ST - ZIP		
TITLE	VSDT	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	KELLER, VIVIAN B.		2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		2 4 CITY-ST-ZIP		
TITLE	D ADAMS BOD	DELETE	3 1 TITLE		D Addition Addition
NAME OZDET ADODESO	ADAMS, BOB 2041 N.E. 173RD-STREET		3 2 NAME		POLINE DANID
STREET ADDRESS CITY-ST-ZIP	N. MIAMI BEACH FL 33162			T ADORESS	N. MIAMI BEACH PL 33/67
TITLE	11. IMP WIT BETTOTTE COTOR	DELETE	3.4 CITY 4.1 TITLE	SI-ZIP	Change Addition
NAME		_	4 2 NAMI		Colongo C Kudillon
STREET ADDRESS				T ADDRESS	
CiTY-ST-ZIP			4 4 CITY -	ST-ZIP	
TITLE	DELETE		5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		22222422
STREET ADDRESS			53 STREE	T ADDRESS	200001872492 -06/24/9601020008
CITY-ST-ZIP	- Income		5.4 CiTy -	ST-ZIP	
TITLE NAME		DELETE	61 TITLE 62 NAME		本本本の1、23 □ Change □ Addition □
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			64 CITY		
14. I do hereb	y certify that the information supplied v	with this filing is voluntarily furnish	ned and do	es not qua	Lialify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further
certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: WOULD R. SUMMED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4 - 28-96 (305) 9489//3 Date Contract Property Contract Proper					